

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Moanalua	CHAPTER 90
Address: 1280 Moanalaulani Street, Honolulu, Hawaii 96818	Inspection Date: July 11 & 12, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

10:22 PM 7/11/19
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1- Review of service plan dated 2/15/19 reveals the following inconsistencies:</p> <ul style="list-style-type: none"> • Check for monthly vital signs; however, order was discontinued on 2/14/19 • Blood pressure goal of 180/110 and 80/50; however, order was changed on 2/14/19 to check BP daily and keep SBP <160 and >90 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center; font-size: 1.5em;">see attached</p> <p style="text-align: center; font-size: 1.5em;">on 07/18/19</p>	<p style="text-align: right;">19 JUL 22 PM 3:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1- Review of service plan dated 2/15/19 reveals the following inconsistencies:</p> <ul style="list-style-type: none"> • Check for monthly vital signs; however, order was discontinued on 2/14/19 • Blood pressure goal of 180/110 and 80/50; however, order was changed on 2/14/19 to check BP daily and keep SBP <160 and >90 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached C 07/18/19</p>	

11-90-8(a)(1):

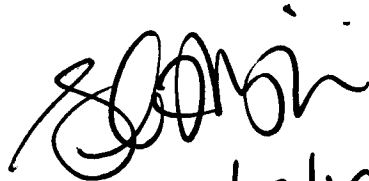
Did you correct the deficiency? Completion date?

Resident #1 (GD) service plan was updated to include current orders for the monthly vital signs check and blood pressure parameters.

The deficiency was corrected on July 12, 2019.

Future Plan

In the future, the Director of Nursing and Assistant Director of Nursing will double check all service plans, when orders and/or services are updated, to ensure the information included is current and accurate.


07/18/19

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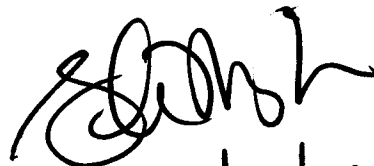
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #2- No incident report generated when resident was assisted to floor by staff on 5/4/19.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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11-90-9(a)(4):

Future Plan

To prevent the deficiency from happening again, an inservice is scheduled on July 30, 2019. The charge nurses will be re-educated on the importance of clear and accurate documentation. They will also be retrained on the situations in which an incident report should be generated and the contents of the report.


07/18/19

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19 JUL 22 P3:24

Licensee's/Administrator's Signature: Shannon Miyazaki
Print Name: Shannon Miyazaki
Date: 07/18/19

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